## NC DIVISION MH/DD/SAS 08-09 DWI MONITORING TOOL -1

Areas that are <u>not</u> met are documented on the Review Summary and Exit Form. Forms are signed by the Provider indicating an awareness of areas that may require training or request for additional documentation as required by Office of DWI Services.

PROVIDER NAME/CITY/COUNTY: COSTRAN - RALEIGH - WAKE	FACILITY CODE:	0		
CONSUMER NAME:	CONTROL #:	2		
ASSESSMENT DATE:	CLIENT RECORD#:			
QUESTION RATING CODES 0= NOT MET 1= MET 9= NOT APPLICABLE				
SECTION I. AUTHORIZATION/CREDENTIALING/APPROVAL S	TATUS:	RATING		
1. Level 1 (ADETS) Level 2 (ST-O) Level 3 (LT-O) Level 4 (IOP) Level 5 (I-Residential)		1.		
2. Provider's facility code is site specific and matches code assigned to this location by Office of DWI Services. (10A NCAC 27G.3806).		2.		
3. Authorization/Reauthorization fees were submitted to Justice Systems Innovation based upon Assessments completed during the prior fiscal year. Verification of fees paid is present. (added back)**		3.		
<ol> <li>Assessments for non-English speaking clients are conducted in accordance with 10A NCAC 27G.3816 and clinicians have registered their qualifications with Office of DWI Services 10A NCAC 27G.3809.</li> </ol>		4.		
CREDENTIALING/APPROVALS (Reviewer must see evidence of License, letter, email) (List staff name /credentials verified by NCSAPPB, i.e., LCAS, CCS, CSAC, SAC Intern)		a.		
a		b.		
b c		c.		
d		d.		
e	<del></del>	e.		
5. Overall Rating: Staff is credentialed/qualified as outlined in law 122C.142.1 to perform DWI assessments. (As of 10/1/2005, assessments shall be completed by clinicians who are at a minimum, SAC Intern by NCSAPPB. After 10/1/2008 licensed or certified by NCSAPPB).		5.		
SECTION II. ASSESSMENT/E508 SYSTEM/DWI CERTIFICATES OF COMPLETION:*				
6. There is evidence that the provider has access to the following resources a	t their facility.	a.		
a. NC MH/DD/SAS Laws		b.		
b. Code of Conduct for Facility		c.		
c. Rules for MH/DD/SA Facilities and Services, APSM 30-1 d. Diagnostic and Statistical Manual IV-TR of the American Psychiatric Assoc		d.		
e. Amer. Society of Addiction Medicine's Pt. Placement Criteria (ASAM, PPC 2R)		e.		
f. Confidentiality Rules, APSM 45-1		f.		
g. Service Records Manual, APSM 45-2		g.		
h. Client Rights Manual, APSM 95-2		h.		
i. Policies and Procedures of the Facility		i.		
		6. Overall Rating		

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/.	assessment.		
DSM-IV Code: Alcohol Dependence (303.90)			
	Alcohol Abuse 305.00		
	Other: Indicate Disorder and	Code	
8. There is evidence that e508 submission of the substance abuse assessment was completed at the time of the assessment or within two (2) weeks of the assessment.			8.
9.	9. There is evidence that provider has managed the e508 system to ensure that each step of the process is completed.		9.
10. There is evidence that the provider has resolved rejections/holds within e508 system. (Exceptions or basis for unresolved issues documented in comment section.)		10.	
11. There is evidence of provider's efforts to complete/obtain the necessary documents for transferring clients In/Out of DWI Service facilities.			11.
SECTION III. DOCUMENTATION:			
12.	12. The clients signature is present indicating that they were given a complete list of all DWI Assessment /Treatment/ADETS providers within their service area.		12.
13. The Client Consent Form for Release of Confidential Information is present in client records and includes list of various agencies for communicating and reporting findings. (10A NCAC 27G .3807 (d).			13.
SECTION IV. PROVIDER RELATIONS:			
14. Provider demonstrates an awareness of the process for facility closings:		14.	
- communicate with Office of DWI Services - communication with clients			
- communicate with alternate agencies for record transfer			
COMMENTS: (Use additional sheet if needed)			
RE	REVIEWER: DATE:		

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